

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: NORTH IDAHO CORRECTIONAL INSTITUTION

ADDRESS: 236 RADAR ROAD
COTTONWOOD, ID 83522

FACILITY: NORTH IDAHO CORRECTIONAL INSTITUTION - WWTP

LOCATION: 236 RADAR ROAD
COTTONWOOD, ID 83522

ATTN: BEN MUNGER, BLDG MAINT FOREMAN

ID0025887	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83522

MINOR

(SUBR 04)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.03 MO AVG	.03 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CHLORINE LEVELS ARE COMPLIANCE EVALUATION LEVELS, SEE PERMIT FOR LIMITS.MONITORING LOCATION "W" IS EFFLUENT

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ATTN: BEN MUNGER, BLDG MAINT FOREMAN

ID0025887	001-A
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03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83522

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(SUBR 04)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.4			Monthly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	.69	*****	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	24.85	*****		*****	63.4	*****		2	Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	8 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	254	*****			Monthly	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	24.85	*****		*****	63.4	*****		2	Monthly	GRAB
00310 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.5			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.84	*****		*****	20	*****			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	8 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Monthly	GRAB

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MONITORING LOCATION "W" IS EFFLUENT

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Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	396	*****			Monthly	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.84	*****		*****	20	*****			Monthly	GRAB
00530 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.7			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.043	.064		*****	*****	*****	*****		Weekly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Weekly	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	75	*****	*****		1	Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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Chlorine, total residual	SAMPLE MEASUREMENT	.01	.02		*****	.03	.06			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.03 MO AVG	.03 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.8			Monthly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	1.4	*****	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15	*****		*****	30.9	*****		2	Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	8 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	266	*****			Monthly	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15	*****		*****	30.9	*****		1	Monthly	GRAB
00310 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	8.2			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	17.41	*****		*****	36	*****		2	Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	8 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Monthly	GRAB

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Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	278	*****			Monthly	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	17.41	*****		*****	36	*****		1	Monthly	GRAB
00530 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.45			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.033	.058		*****	*****	*****	*****		Weekly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Weekly	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1				GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	87	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

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DMR Mailing ZIP CODE: 83522

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Chlorine, total residual	SAMPLE MEASUREMENT	.008	.01		*****	.03	.05			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.03 MO AVG	.03 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.3			Monthly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	GRAB
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	1.12	*****	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.61	*****		*****	28.3	*****			Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	8 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	189	*****			Monthly	GRAB
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.61	*****		*****	28.3	*****			Monthly	GRAB
00310 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	8.5			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.17	*****		*****	35	*****		2	Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	8 MO AVG	*****	lb/d	*****	30 MO AVG	*****	mg/L		Monthly	GRAB

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Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	166	*****			Monthly	GRAB
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.17	*****		*****	35	*****			Monthly	GRAB
00530 W 0 See Comments	PERMIT REQUIREMENT	11 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Monthly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24.7			Monthly	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.43			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.023	.061		*****	*****	*****	*****		Weekly	MEASRD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Weekly	MEASRD
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.51	7.8			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	85	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS EFFLUENT

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: NORTH IDAHO CORRECTIONAL INSTITUTION

ADDRESS: 236 RADAR ROAD
COTTONWOOD, ID 83522

FACILITY: NORTH IDAHO CORRECTIONAL INSTITUTION - WWTP

LOCATION: 236 RADAR ROAD
COTTONWOOD, ID 83522

ATTN: BEN MUNGER, BLDG MAINT FOREMAN

ID0025887	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83522

MINOR

(SUBR 04)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	79	*****	*****		1	Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MINIMUM	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS EFFLUENT

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: NORTH IDAHO CORRECTIONAL INSTITUTION

ADDRESS: 236 RADAR ROAD
COTTONWOOD, ID 83522

FACILITY: NORTH IDAHO CORRECTIONAL INSTITUTION - WWTP

LOCATION: 236 RADAR ROAD
COTTONWOOD, ID 83522

ATTN: BEN MUNGER, BLDG MAINT FOREMAN

ID0025887	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83522

MINOR

(SUBR 04)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.002	.002		*****	.01	.01			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.03 MO AVG	.03 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CHLORINE LEVELS ARE COMPLIANCE EVALUATION LEVELS, SEE PERMIT FOR LIMITS.MONITORING LOCATION "W" IS EFFLUENT